UNITED STATES DISTRICT COURT
DISTRICT OF OREGON

INTERPRETER'S REPORT OF SERVICES AND CLAIM FOR COMPENSATION AND EXPENSES

Addendum: Continuation of Assignment Data

Payee's Name: _____ **Date Service Started:** _____
Payee's Address: _____ **Language:** _____
_____

SSN/Tax ID#: - on file -
BPA Contract: - on file -

For additional assignment data information, please attach this form with your Report of Services and Claim for Compensation and Expenses Voucher. Complete each section below legibly. If you need assistance, please contact the Interpreter Coordinator.

Assignment Data

Date	**Case Number**	**Defendant Last Name** (If the matter is sealed, write "SEALED.")	**Start Time**	**End Time**	**Assignment Type** (Example: Change of plea, sentencing, lockup, etc.)	**Notes/Comments** (Example: Late cancellation, standby, no interpreter needed, etc.)

I certify, under penalty of perjury, that the foregoing is true and correct.

_____ _____
Interpreter Signature Date